



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

Facility Name: Eddystone Generating StationMunicipality: Eddystone BoroughCounty: Delaware

Month: _____

Year: _____

Watershed: 3-GNPDES Permit No.: PA0013714Outfall No.: 008

Laboratories: _____

Renewal application due **180 days** prior to expiration

This permit will expire on _____

Day	Effluent Parameters																	
	Flow		pH		TRC		Temperature		Delta T		TSS		Ammonia		Total Copper		Total Lead	
	Q	MGD	Q	S.U.	Q	mg/L	Q	°F	Q	°F	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L
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31																		
Avg																		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: [FORMTEXT]

Signature: _____

Title: [FORMTEXT]Date: [FORMTEXT]



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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

Facility Name: Eddystone Generating StationMunicipality: Eddystone BoroughCounty: DelawareWatershed: 3-G

Laboratories: _____

Month: _____

Year: _____

NPDES Permit No.: PA0013714Outfall No.: 008Renewal application due **180 days** prior to expiration

This permit will expire on _____

Day	Effluent Parameters															
	Bromide		Spectrus CT 1300													
	Q	mg/L	Q	mg/L	Q		Q		Q		Q		Q		Q	
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Prepared By: [FORMTEXT]Title: [FORMTEXT]

Signature: _____

Date: [FORMTEXT]



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BUREAU OF CLEAN WATER

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

Facility Name: Eddystone Generating StationMunicipality: Eddystone BoroughWatershed: 3-G

Laboratories: _____

County: Delaware

Month: _____

Year: _____

NPDES Permit No.: PA0013714Outfall No.: 108Renewal application due **180 days** prior to expiration

This permit will expire on _____

Day	Effluent Parameters															
	Flow		pH		TSS		Total Dissolved Solids		Oil and Grease		Total Copper		Total Iron		PCBs (Dry Weather)	
	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	pg/L
1																
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Prepared By: [FORMTEXT]Title: [FORMTEXT]

Signature: _____

Date: [FORMTEXT]



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BUREAU OF CLEAN WATER

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BCW0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BCW0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.